



ISSUE BRIEF: Women, Infants, and Children (WIC) Supplemental Nutrition Program

CHILD DEVELOPMENT PROGRAMS ADVISORY COMMITTEE

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HISTORY

In September 1972, the United States Congress established the Women, Infants, and Children (WIC) Supplemental Nutrition Program under Public Law 92-433. The program began as a two year pilot project, but has since grown to become one of the nation's largest federally administered food assistance programs. Nationally, the WIC program allocates \$3.7 billion to states each year.

WIC funding is appropriated by Congress and allocated to the states by the Food and Nutrition Consumer Division of the United States Department of Agriculture (USDA). At the state level, the Department of Health Services contracts with 82 local agencies, which administer the program.

California's WIC is the nation's largest, both in terms of the number of participants and the amount of its annual budget. California WIC serves over 1,000,000 participants monthly with an annual budget of nearly \$630 million.

Mission and Effectiveness

WIC's mission focuses on preventing poor birth outcomes and improving the health of participants during critical times of growth and development. Numerous studies have demonstrated that WIC is cost beneficial and successful in improving the health outcomes for the participants it serves. Specifically, after evaluating 17 cost-benefit studies, the General Accounting Office concluded that \$3.50 in Medicaid funds are saved for each \$1.00 spend on WIC due to reduced costs for infant medical care.

SERVICE PRIORITIES

WIC serves as a supplemental food and nutrition education program for low-income women and children who are at nutritional risk. All states serve women and, children according to a six-tiered federally regulated priority system. Participants may include:

- Pregnant women;
- Breastfeeding women, up to one year after delivery;
- Post partum women, up to six months after delivery;
- Infants; and
- Children up to age five at nutritional risk.

WIC is not an entitlement program-the number of women and children served depends upon the fiscal year allocation. When a local WIC agency reaches the maximum number of participants it can serve within its annual budget, individuals applying for the program are served on a "highest need" basis in compliance with the priority system. When this occurs, local WIC agencies cannot serve eligible applicants who are in lower priority categories.

ELIGIBILITY

The federal government bases eligibility on monthly incomes which are 185 percent or less of the federal poverty level, or \$1,900 per month for a family of three. In addition, the participant must reside in the local agency's geographic service area and be determined to be at nutritional risk by a health professional.

PROGRAM COMPONENTS

WIC provides three primary benefits to participants:

- Nutritious foods;
- Nutrition education; and
- Access or referrals to health care providers.

Nutritious Supplemental Food

USDA identifies specific foods in which participants are provided between 60 and 100 percent of the recommended daily dietary allowance for protein, vitamins A and C, calcium, and iron. Participants purchase these specified foods using vouchers issued by their local WIC agency.

Vouchers are issued monthly by local WIC agencies and are redeemable through a statewide system of 3,500 approved vendors. Participants may only redeem the vouchers for the foods specified on the vouchers.

Nutrition Education

In addition to nutritional foods, the WIC program provides nutrition education through individual counseling and group sessions, led by registered dietitians and trained 'nutrition paraprofessionals. The education emphasizes the individual participant's special nutritional needs, seeks to improve eating habits, promotes healthy lifestyles, encourages the avoidance of substance abuse, and promotes breastfeeding.

LEGISLATIVE AND COMMUNITY ACTION PROJECT

Health Cure Services

Depending on their needs, participants are referred to other health and social programs as necessary. WIC helps to ensure that participants receive health assessments, as well as ongoing pediatric and obstetric services, such as prenatal and well baby care check-ups and immunization.

CASELOAD

California WIC grew from 580,000 participants in federal fiscal year (FFY) 1990-91 to 612,000 participants in 1992-93 and to 1,090,000 participants in September 1995. This represents an 88% increase over three years.

While many are being served through the state's WIC program, California Department of Health Services estimates that approximately 500,000 WIC eligible persons are not served in the state due to insufficient funding.

Currently, 47.5% of California's WIC caseload consists of children. California WIC has the potential to serve over one quarter of all children aged one to four, making it the largest federal program serving pre-school children.

SERVING CALIFORNIA'S CHILDREN

Since the WIC program functions along a "highest need" basis in compliance with the six-tiered priority system, pregnant women and infants are served first. This means that many older children, including those with documented health problems such as anemia, are not often served. As the number of California's low-income children increases, these children risk undernutrition during a critical time of physical and cognitive growth.

FUNDING

Federal Sources: National appropriations expanded from \$20 million during the program's first two years in 1974-75 to \$2.6 billion for 1991-92. California share of WIC funding has steadily increased to over \$670 million in SFY 1994-95.

WIC is not an entitlement program. The number of participants served each year depends on the total amount of funds appropriated by Congress and allocated to each state by USDA. A small number of states also appropriate state funds to expand their WIC programs.

Non-Federal Sources: Over the last ten years, legislation that would supplement California's federal WIC funding with state General Fund dollars has been repeatedly, but unsuccessfully, pursued in the California State Legislature.

However, food rebate contracts augment federal funding by approximately \$183.7 million per state fiscal year. These contracts provide cash rebates to the state for each can of infant formula and infant cereal product purchased with WIC vouchers. This assists the state with food cost containment, and allows the state to serve approximately 339,000 additional eligible participants.

ISSUES

California WIC is currently addressing two major issues which will affect its ability to serve the children and families of California:

Uncertain Growth: During the course of a single year, California WIC experienced significant growth, from serving 912,000 participants on July 1, 1994 to over 1,000,000 on June 30, 1995, representing a 10% increase.

California received an additional \$75 million in federal funds from the 1994-95 FFY reallocation dollars, allowing California WIC to increase its monthly caseload. California WIC accepted all of the reallocation funds available to the state as part of its aggressive growth strategy, which will allow the state to serve more children and families, and to maximize future funding levels.

AB 99 (#278/91): In response to legislation, the AB 99 Steering Committee was created to advise the Director of Health Services in reorganizing maternal and child health services. This group has developed extensive definitions and recommendations for integration and coordination of services. California WIC is expected to become a major player during the inception of the Medi-Cal managed care system as well as in the coordination of other health services for women and children.

REFERENCES:

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